

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>150001</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>04 - SURGERY ADDITION AND RENOVATION</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R 07/09/2013</b>	
NAME OF PROVIDER OR SUPPLIER  <b>JOHNSON MEMORIAL HOSPITAL</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>1125 W JEFFERSON ST FRANKLIN, IN 46131</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{K 000}	<p>INITIAL COMMENTS</p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Validation Survey conducted on 03/18/13 and 03/19/13 was conducted by the Indiana State Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 07/09/13</p> <p>Facility Number: 005001 Provider Number: 150001 AIM Number: 100269800A</p> <p>Surveyors: Mark Caraher, Life Safety Code Specialist and Dennis Austill, Life Safety Code Supervisor</p> <p>At this PSR survey, Johnson Memorial Hospital was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC).</p> <p>Johnson Memorial Hospital is comprised of the main hospital in Franklin, IN (Building 01) with the new surgery center for Johnson Memorial Hospital (Building 04), Johnson Memorial Immediate Care in Franklin, IN (Building 02), and Stones Crossing in Greenwood, IN (Building 03).</p> <p>The new surgery center for Johnson Memorial Hospital in Franklin, IN (Building 04) which is not separated from the main hospital building with a two hour wall is a two story fully sprinklered building of Type II (222) construction with a monitored fire alarm system, with smoke detection in the corridors and in all areas open to</p>			{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/12/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>150001</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>04 - SURGERY ADDITION AND RENOVATION</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R 07/09/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>JOHNSON MEMORIAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1125 W JEFFERSON ST FRANKLIN, IN 46131</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	Continued From page 1 the corridor was surveyed with Chapter 18, New Health Care Occupancies. Building 04 provides surgical services.	{K 000}			